U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For enable that only REC'D READ THE INSTRUCTIONS CAREFULLY SEFORE PREPARING THIS REPORT. E OLMS DESCRIPTIONS READ THE INSTRUCTIONS CAREFULLY SEFORE PREPARING THIS REPORT.		
1. File Number U-3/69	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name STEVEN P LONMAN	Nume L.I.U.N.A. LOCAL 751	
	Labor Organization File Number 044-635	

Street 208 W. BEAVER ST. Street 1390 STANFORD DRIVE

City ST. Anne City Kankaree

ZIP Code + 4 60964 State Illinois ZIP Code + 4 60901

P.O. Box, Building and Room Number, if any

5. Position in labor organization.

P.O. Box, Bldg., Room No., if any

State Illinois

PRESIDENT

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.	
Name N.A.			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
		7.b. Amount.	
Street			
City			
State	ZIP Code + 4		

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report/(richding the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's in-weights and belief true, correct, and complete. (See the section on penalties in the instructions.)
// 1/ // // //

Signed X

On 7/7/2005

815.427.6810

Date

Telephone Number

Legins or Legison Limit 21EARW TOWNSW	3/69			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name N.A.				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., If any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name N.A.				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			